

we keep those words sacred so that the NATO alliance is an alliance that can be counted on by all of the members.

I am heartened by the fact that Finland and Sweden are joining in this effort now, want to be part of the future of NATO. Extending that NATO border with Russia 600 to 800 miles is an affirmation of the foolishness of Putin. He actually thought, at the end of the day, by invading Ukraine, NATO would be weaker. Now it will be stronger than ever and, frankly, right up against his own country and the Finnish borders if they are allowed to join us in the NATO alliance, which I dearly hope for.

In the meantime, to my friends and all of the folks I have worked with in Lithuania, we are so proud of your continued determination to stand up for what is right. Continue doing that. That is the spirit of the Baltics, it is the spirit of Lithuania, and it is the spirit of the NATO alliance.

Mr. President, I yield the floor.

The PRESIDING OFFICER. The Senator from Iowa.

PRESCRIPTION DRUG COSTS

Mr. GRASSLEY. Mr. President, I am here today to visit with my colleagues about a group that we refer to as pharmacy benefit managers, but around Washington, the shorthand for that term is PBMs.

Many Americans may not know about PBMs. They are very obscure in the whole pharmaceutical business. Yet the PBM market is nearly \$500 billion, and they are powerful in our pharmaceutical drug supply chain.

It is our duty in Congress to understand, first, how PBMs operate; second, hold them accountable; and, third, work to lower prescription drug costs for the taxpayers and for the consumers.

In 2018, I pressed the Federal Trade Commission to investigate PBMs. I saw the ongoing consolidation in the pharmaceutical supply chain and its impact on drug prices, driving those prices up. But I didn't wait for the FTC to act.

I have pursued, one, bipartisan legislation; two, held hearings; and, three, conducted oversight. Most recently, Senator CANTWELL and I have introduced the PBM Transparency Act. This bill prohibits PBMs from engaging in spread pricing. This is a situation where PBMs charge an insurer more than they charge the pharmacy and then they pocket the difference. Iowans call that gaming the system.

Another practice we prohibit in our bill: clawbacks. In Medicare Part D, these are sometimes called retroactive direct and indirect remuneration fees—or DIR, for short.

Iowa pharmacists have told me clawbacks are costing patients more in higher copays and also costing the local pharmacy. This practice is putting rural and independent pharmacists out of business. In addition, our bill will incentivize fair and transparent PBM practices, benefiting consumers and taxpayers.

The bill has the support of community pharmacists, manufacturers, and patient advocacy organizations. Not surprisingly, this industry we call PBMs oppose the Cantwell-Grassley bill. They say my bill is “anti-competitive” and, in their words, an “expansion of power at the FTC.” They also claim that their industry is already well-regulated. Nothing could be further from the truth.

My bill establishes transparency and accountability. So good news: Tomorrow, the Commerce Committee will mark up the PBM Transparency Act. I don't happen to sit on this very important Commerce Committee, but I urge my colleagues to support this bill.

Finally, I have never given up on passing the bipartisan Wyden-Grassley bill, known as the Prescription Drug Pricing Reduction Act. Despite the Democrats having the majority for 18 months, we have not passed a prescription drug bill. So we still have high prescription drug prices.

By now, I would assume they would be interested in advancing a bipartisan prescription drug bill. They can get 60-plus votes, save the taxpayers \$95 billion and seniors, who are consumers, \$72 billion—rather than a partisan effort that doesn't have 60 votes here in the U.S. Senate.

I want my colleagues to know I will work with anyone who wants to pass the bipartisan Wyden-Grassley bill.

I yield the floor.

I suggest the absence of a quorum.

The PRESIDING OFFICER (Mr. KAINE). The clerk will call the roll.

The senior assistant legislative clerk proceeded to call the roll.

Mr. CORNYN. Mr. President, I ask unanimous consent that the order for the quorum call be rescinded.

The PRESIDING OFFICER. Without objection, it is so ordered.

GUN LEGISLATION

Mr. CORNYN. Mr. President, 28 days ago, an 18-year-old young man opened fire on students at the Robb Elementary School in Uvalde, TX. He murdered 21 people—19 children and 2 teachers. In the process, he effectively committed suicide as well.

This was an attack that was so cruel, so brutal, and inhumane that it has brought much of our Nation to its knees in mourning. Since the shooting, my office has received—as I am sure many other Members of Congress have—I have received tens of thousands of calls and letters and emails with a singular message: Do something.

Do something. Not do nothing, but do something. Texans are disgusted and outraged by what happened at Robb Elementary, and they want Congress to take appropriate action to prevent the loss of more innocent lives.

I don't want us to pass a bill for the purpose of checking a box. I want to make sure we actually do something useful, something that is capable of becoming a law, something that will have the potential to save lives.

I am happy to report as a result of the hard work of a number of Senators in this Chamber that we have made some serious progress. In particular, over the last few weeks, Mr. MURPHY, the Senator from Connecticut; Ms. SINEMA, the Senator from Arizona; Mr. TILLIS, the Senator from North Carolina; and I have searched high and low for common ground.

Now, there are some people who would say, What is the use? Why try? We know this is an issue that divides much of the country, depending on where you live, and maybe even divides people living in the same household. But I think we have found some areas where there is space for compromise. And we have also found that there are some redlines and no middle ground. We have talked; we have debated; we have disagreed; and, finally, we have reached an agreement among the four of us. But, obviously, this is not something that will become law or fail to become law because of a small group of Senators.

The truth is we had a larger group of 20 Senators—10 Republicans and 10 Democrats—come forward and sign on to an agreed set of principles, and I believe as Senators see the text that supports those principles, they will see we have tried our best to be true as to what we said those agreed principles should be.

So soon, very soon—not soon enough for me—but very soon, we will see the text of bipartisan legislation that will help keep our children and our communities safer.

We know there is no such thing as a perfect piece of legislation. We are imperfect human beings. But we have to try, and I believe this bill is a step in the right direction.

One of the pillars of this legislation is support for community-based mental health care. Following the violent attacks, we have all heard about missed signs, and the fact is the New York Times recently profiled the type of young man: typically alienated, isolated, not receiving any sort of support or medical or psychiatric care, certainly not complying with their doctors' orders when it comes to taking their medication that allows them to manage their mental illness challenges.

We know that this profile is one that Salvador Ramos fit, the shooter in Uvalde. He was a deeply troubled young man. He was isolated. He was bullied in school. He cut himself because he said he liked the way it made him look. It made him look tough. He had a history of fighting, of assaulting fellow students, of threatening sexual assault of young women, and torturing and killing animals. It is a familiar profile.

This man, this young man, I think was crying out for help. But he got no help, notwithstanding the best efforts of people around him. He shot his own grandmother before he went to Robb Elementary School because she wanted